

FILED JAN 3 1958

STANDARD CERTIFICATE OF DEATH

46965

STATE FILE NUMBER

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 217

1. PLACE OF DEATH a. COUNTY Scott			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Sikeston TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR Sikeston TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Mo. Delta Comm. Hosp. INSTITUTION		Length of stay in lb 6 Days	d. STREET ADDRESS 605 S. Frisco St. (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle Thomas Last Litchford			4. DATE OF DEATH Month 12 Day 15 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 83		9. AGE (In years last birthday) Months 83 Days 83 Hours 83 Min. 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Butcher		11. BIRTHPLACE (City and state or country) Lyon, Kentucky	
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —		17. INFORMANT Address Sidney Litchford, Sikeston, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRO-VASCULAR ACCIDENT Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIO-SCLEROSIS DUE TO (c) —					INTERVAL BETWEEN ONSET AND DEATH 7 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour 7:00 a. m. 12 p. m. 15 Month 12 Day 15 Year 57			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 12. 9. 57		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION 12. 15. 57		
21. I attended the deceased from 12. 9. 57 to 12. 15. 57 and last saw her alive on 12. 15. 57 Death occurred at 7:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Type or print) Carl G. Topp M.D.		
22b. ADDRESS Sikeston, Mo.			22c. DATE SIGNED 12. 15. 57		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-18-57		23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	
23d. LOCATION (City, town, or county) SIKESTON MO		23e. STATE MO		23f. COUNTY MO	
24. FUNERAL DIRECTOR Welch Funeral Home-Sikeston Mo.		24b. ADDRESS 12-26-57		24c. DATE RECD. BY LOCAL REG. 12-26-57	
24d. REGISTRAR'S SIGNATURE Mr. Elliot Hunter		24e. DATE 12-26-57		24f. COUNTY MO	

DATE RECEIVED **DEC 30 1957**

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1257-269

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 346

P. O. Address Lekeston

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.